

State File No.

Registrar's No.

Registration District No. 318

Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Mos. 10 Days
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4455 McPherson
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME. Glenn, Robert Ambros

3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nettie H. Glenn 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased April 12 1890
(Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 7 If less than one day
hr. min.

9. Birthplace Wichita Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Advertising Man

11. Industry or business William C. Glenn

12. Name Unknown 13. Birthplace Illinois

14. Maiden name Nellie Harvey (State or foreign country)

15. Birthplace Unknown Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Nettie H. Glenn

(b) Address 6623 Tholozan Removal 9/20/43

17. (a) (Burial, cremation, or removal) (b) Date thereof 9/20/43
(Month) (Day) (Year)

(c) Place: burial or cremation Wichita, Kansas

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) SEP 20 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, 1943,
year 1943 hour 10:20 minute A. M.

21. I hereby certify that I attended the deceased from May 9, 1943 to September 19, 1943
that I last saw him alive on September 19, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Embolic Stroke

Due to Bronchopneumonia

Due to

Other conditions 1/2 H
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy As above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature William J. Dark (M. D. or other)
Address 1515 Lafayette Avenue Date signed 9/20/43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *G. W. Wilkins*

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN-HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.